



# State of New Jersey

**PHILIP D. MURPHY**  
*Governor*

**SHEILA Y. OLIVER**  
*Lt. Governor*

OFFICE OF THE STATE COMPTROLLER  
MEDICAID FRAUD DIVISION  
P.O. BOX 025  
TRENTON, NJ 08625-0025  
(609) 826-4700

**KEVIN D. WALSH**  
*Acting State Comptroller*

**JOSH LICHTBLAU**  
*Director*

March 4, 2022

**BY ELECTRONIC MAIL**

Dr. Dana Sless  
Brighton Pediatrics  
3069 English Creek Avenue, Suite 302  
Egg Harbor Township, New Jersey 08234

**Re: Notice of Overpayment**

Case Number: [REDACTED]

Dear Dr. Sless:

This letter serves to inform you that the Office of the State Comptroller, Medicaid Fraud Division (MFD) completed a review of Medicaid claims submitted by Brighton Pediatrics (Brighton), NPI [REDACTED], for the period from October 1, 2016 through July 29, 2021. MFD conducted a direct review of 86 claims. From this review, MFD found that Brighton submitted and was paid for five claims that MFD found were deficient. Accordingly, MFD determined that Brighton received an overpayment of **\$266.16** that it must repay to the Medicaid program.

During the review period, Medicaid paid Brighton \$2,873,209.87. As part of the review, MFD analyzed a sample of 86 claims for which Medicaid paid \$6,233.19. MFD's review found that Brighton inappropriately billed for Evaluation and Management (E&M) office visits, American Medical Association's Current Procedural Terminology (CPT) codes 99213 and 99215, and an established patient preventive medicine visit, CPT code 99393.

Of the 86 claims in the sample, MFD determined that five claims were in error. Of the five claims in error, MFD found three claims in error because the medical records/clinical documentation submitted did not support billing CPT code 99215.

Dr. Dana Sless  
Brighton Pediatrics  
March 4, 2022  
Page 2

According to the American Medical Association coding guidelines, prior to 2021, CPT code 99215 required documentation of at least two of the following three key components; a comprehensive history, a comprehensive examination, and medical decision making of high complexity. As the medical records/clinical documentation for the three claims did not substantiate that Brighton provided the level of service billed, MFD identified the claims as errors and down-coded the E&M code appropriately.

MFD denied credit completely for the remaining two claims for which Brighton failed to provide any supporting documentation.

Based on the analysis above, MFD determined that Brighton received a total overpayment of **\$266.16** that it must repay to the Medicaid program. Attached is a password protected spreadsheet of MFD's analysis of all paid claims in the sample. A secure password will be provided separately by e-mail.

If you believe that MFD did not consider relevant documentation that may affect the number of discrepant claims and the overpayment amount, you may submit the relevant documentation to MFD for review within thirty (30) calendar days of receipt of this letter. Should you submit such a written explanation within this 30-day time period, MFD reserves the right to initiate a more comprehensive investigation, obtain additional records, conduct on-site visits, and perform any additional analysis necessary to conclude this review. Should you fail to respond in writing to MFD within this 30-day period, MFD may take further appropriate action, including but not limited to issuing a Notice of Claim, Certificate of Debt, and Notice of Withhold, and/or any other remedy available to MFD by law.

If you agree with the amount of the overpayment, please mail a certified check in the amount noted above made payable to "Treasurer, State of New Jersey" to the address below. Please insert [REDACTED] on the memo line of the check.

Treasurer, State of New Jersey  
Division of Revenue  
200 Woolverton Street, Building 20  
Lockbox 656  
Trenton, New Jersey 08646  
Attn: Processing Bureau

Please forward a copy of the certified check to my attention at the Office of the State Comptroller, Medicaid Fraud Division, P.O. Box 025, Trenton, New Jersey 08625-0025.

Dr. Dana Sless  
Brighton Pediatrics  
March 4, 2022  
Page 3

If you have questions regarding this matter, please contact [REDACTED]  
[REDACTED]. Please include the case number,  
[REDACTED], in the subject line of any e-mail correspondence.

This Notice of Overpayment documents and seeks a recovery relating to the improper billing of claims by the provider (entity) and its owner(s). Please be advised that this Notice is a public document and, as such, may be placed on the OSC/MFD website. In addition, please be advised that should MFD find deficiencies pertaining to the same or sufficiently similar underlying conduct for a time period after the date of this letter, pursuant to N.J.S.A. 30:4D-7(h), N.J.S.A. 30:4D-17(e), and N.J.S.A. 30:4D-57(d)(2), in addition to seeking to recover the principle owed, MFD may impose civil penalties against the provider (entity) and each owner for such deficiencies.

Sincerely,

KEVIN D. WALSH  
ACTING STATE COMPTROLLER

By:

[REDACTED]  
Supervising Investigator  
Office of the State Comptroller  
Medicaid Fraud Division

Attachment: Brighton Pediatrics - Claims Spreadsheet (password protected)

c:

[REDACTED]

**MFD Investigations Update - April 19, 2022**

On April 19, 2022, OSC received a check dated March 30, 2022 from Dr. Dana E. Sless DO LLC, doing business as Brighton Pediatrics, in the amount of \$266.16, which fully reimbursed the State for paid claims that were improperly billed for the period of October 1, 2016 through July 29, 2021.